THE EFFECT OF ORGANISATION CULTURE TOWARDS HEALTH WORKERS PERFORMANCE IN SUPPORTING THE ACHIEVEMENTS OF VISION, MISSION AND GOALS OF HEALTH CENTERS (*IN DISTRICT OF JOMBANG, EAST JAVA PROVINCES, INDONESIA*)

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ABSTRACT

Background: *This study analyzes influences of working culture on health center staffs in achieving the performances based on tasks and functions. These can be achieved by six minimum or essential standard services as: curative care, maternal and child and also family planning cares, nutrition program, health promotion, environmental health, and communicable disease control. They were added by a developmental program specific in the study areas, such as dental care.* ***Methods:*** *The study method was observational with a retrospective design. The health centers were randomly clustered, and 15 health workers selected based on the availability of Islamic dorms. From the criteria, it was selected 8 health centers with the Islamic dorms under their working areas, and the rest 7 health centers having no Islamic dorm. Samples are the health staffs under the programs being studied as well as the one on development program as the dental care. In this study, respondents were taken 10 staffs in each health center representative of the 6 minimal health services and the development programs. Data were collected by questionnaire byself. Methode of observation on effective time used by health centers staffs were just done in 4 health centers that equally distributed in the two different locations according to the criteria.* ***Results:*** *Data showed that there was significant difference (p=0.041) between working culture and staff performances according to tasks and functions in achieving vision and mission of the health centers. The conclusion relationship of working culture having good score was pictured staff good behaviors in delivering health care. It is expected that health centers could implement ideal organization culture to achieve the best staff performances.*

Key words: *work culture, health center, performances*

ABSTRAK

Penelitian ini mengkaji pengaruh budaya kerja petugas kesehatan puskesmas dalam mencapai kinerja petugas berdasarkan tugas pokok dan fungsi puskesmas yang dicapai melalui 6 upaya kesehatan wajib yang terdiri dari: upaya pengobatan, Kesehatan Ibu dan Anak/Keluarga Berencana, Gizi, Promosi Kesehatan, Kesehatan Lingkungan, dan Pemberantasan penyakit menular. Upaya kesehatan pengembangan yang terpilih adalah upaya kesehatan gigi. Penelitian ini merupakan penelitian observational dengan rancangan retrospektif, dilakukan di 15 wilayah puskesmas di kabupaten Jombang. Terpilih 8 puskesmas dengan wilayah puskesmas dengan pesantren dan 7 puskesmas tanpa wilayah pesantren. Sampel penelitian adalah petugas puskesmas yang menangani 6 upaya kesehatan wajib dan 1 upaya kesehatan pengembangan yaitu upaya kesehatan gigi. Dalam studi ini, responden diambil 10 staf di masing-masing puskesmas perwakilan dari 6 minimal pelayanan kesehatan dan program pengembangan. Kuesioner terstruktur diisi sendiri oleh petugas kesehatan. Metode observasi dengan pemanfaatan waktu yang efektif dilakukan oleh peneliti di 4 puskesmas yaitu 2 puskesmas dengan wilayah pesantren dan 2 puskesmas tanpa pesantren. Hasil penelitian menunjukkan bahwa ada hubungan secara bermakna p=0,041 (p<0,05, α 0,05) antara budaya kerja terhadap kinerja petugas kesehatan sesuai tugas pokok dan fungsi dalam mencapai visi, misi puskesmas. Hubungan budaya kerja dengan nilai sangat baik akan diikuti oleh perilaku petugas kesehatan dalam menjalankan tugas sesuai tupoksi yang tercermin dan berperan dalam penampilan kinerjanya. Dengan demikian diharapkan puskesmas di masa mendatang dapat menciptakan budaya kerja yang mendekati ideal untuk dapat mencapai kinerja perugas kesehatan yang diharapkan.

Key words: *work culture, health center, performances*

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INTRODUCTION

Organization culture can not be separated from the action of managerial leadership, especially an policy decision and procedures, as well as things related to regulation and ethics of the organization. During the implementation of policy decisions, it needs a clear structure about working situation because it is related to manpower.

Health center is a unit technical implementation from district/municipacity health office that obliges to implement health development in its district area[1]. Health center as the first level of health care provider has a different organization culture as compare to other health care providers such as clinic. The difference is related to organization or structure, working system, health provision procedures, structures and infra-structures, law and regulations as well as accountability to the activity's for survival. Health center as of the primary health care provider should have the basic guidelines which would be translated into many different health programs.

Health workers as program implementers are expected to be active in efforts of vision, missions and goals of health centers[2]. Vision on health development at health center is to achieve a healthy sub district in the future, that is a healthy communal with healthy environments and behaviors, equally access to qualified health services as well as having the optimum health status (Ministry of health, 2004).

A healthy sub district are involving four major indicators, such as (1) health environment, (2) health behaviors, (3) qualified health services, and (4) optimum health status of the sub district residents (MOH, 2004).

To achieve mission, vision, and goals of health centers that along this time are based on managerial approach the organization culture has to be understood holistically. A qualified health workers are those who have dignity and loyalty towards responsibilities to deliver good services to communities as well as to improve the organization performances. As a result, it is expected that the head of health centers and staffs would improve the health center performances, professionalism, inter-personal relationship among personnels, as well as to communities under serves.

The concept of organization culture varies and can not be define perfectly. The organization behavior experts argued that cultural concept is not only related to physics, but also related to psychological matters. In addition tagiuri, renato, Litwin George H, 1998, they defined the organisation culture as a characteristic that never be the same among similar organisations, running continuously and has influenced their member's behavior. This definition focuses concern more general towards structure, but less intention to member's perception. Organisation culture has to be directing qualities of internal environments of organisations that experienced by all of the members.

Based on the explanation above, organization culture then defined as the quality of internal environment of organisation that felt by all of its members and influence the members behaviors and can picturing the specific characteristics of its members. Thus, the organization culture reflects multi-factorials, generalities and the organisation performance. Organisation culture consists of four characteristics: 1) personality behavior, 2) adhocracy behavior, 3) hierarchy, procedures and regulation behaviors, and also 4) market and commitment and motivation improvement of its members referring to the basic needs of human beings. Organization culture is the basic diagnoses in developing working structure reflecting the working culture. There are eight dimensions reflecting those factors, among others: structure dimension, responsibility, rewards, comfort working climate, supports, standard, loyalty and conflict (S Kim Cameron, QuinnE Robert, 1999).

The objective of the study is to understand the working culture of organization in order to optimize the health workers performance based on task and function in achieving goals, mission and vision of health center as the front line of health care provider.

It is expected that this study results can be used as inputs and recommendation in improving health centers development based on idea working culture.

METHODS

Type of study is an observational study with a retrospective design were collected qualitative and quantitative.

The study was taken place in the Jombang district, East Java, Indonesia, where the Islamic dorm presents as one of the characteristics of organisation culture.

Study population was all of the health centers staffs in the district, having six essential/basic health programs: maternal and child health/family planning, communicable diseases control, curative care, nutrition, health promotion, environmental health and a developmental health effort of dental care.

The sample were calculated by the formula as follows (Siegel, Sidney, 2004):

$$n = \frac{2PQ\,(Z\alpha+Z\beta)^2}{(P1-P0)^2}$$

n = 83,6

Health centers were randomly clustered, and the health workers were selected from 15 health centers based on the availability of Islamic dorm. Based on the criteria, 8 health centers with the Islamic dorm under its working area, and 7 health centers without Islamic dorm were selected.

Samples are the health workers/staffs in accordance to criteria as well as centers with one development program as dental care. Respondents were 10 staffs from each health center selected with the 6 basic cares and centers with program development.

Data were collected by observation based on the criteria under study. It was one day observation accompanied with one week self assessment by respondents usage of working time. Observation was done to health workers in 4 health centers consisted two health centers having Islamic dorm under its working areas and two health centers without dorm.

Health centers having dorms under its working area were Tembelang and Peterongan health centers, meanwhile, those without dorm were Jelakombo and Jogoloyo.

Data were analyzed uni-variate, and bi-variate with the chi-square test.

The assessment of working culture among of health workers were scored based on several favorable and unfavorable questions. The questions were related to organization working culture both in the health centers having Islamic dorms and without Islamic dorms.

The scoring for favorable questions were in interval as 4, 3, 2, and 1 whereas for unfavorable questions were 1, 2, 3, and 4.

Variables for Organization culture were: 1. Spirit: supportif, and reward system; 2. Production; Controliing and motivation in conducting task and responsibility, monitoring and evaluation system toward output; 3. Aloofness; Emotional Demention, Personal dimention Influencing of working; 4. Intimacy: social relationship a mong staffs; 5. Hindrance: time used, working burden; 6. Thrust: Task oriented behavior, 7. Consideration: Humanity and intervention; 8. Disengagement.

The criteria of working culture ranged very good, good, and fair with the scoring of >3 (very good), 3–2.5 (good), <2.5 (fair) from the average of several variables.

RESEARCH FRAMEWORK

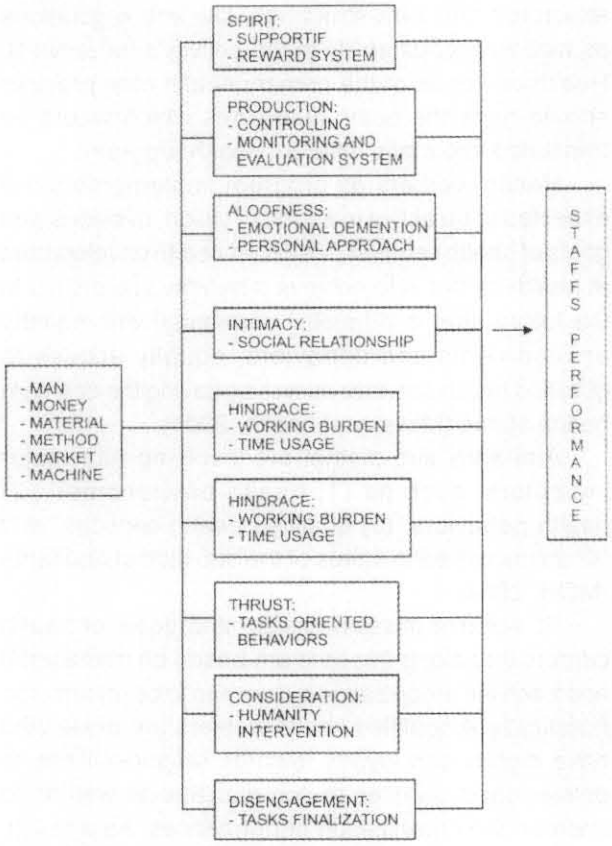

Figure 1. Research Framework

The ideal organization culture would support the formation of staff' behavior as expected by the organization. In process, self-disciplinary of the staff and working disciplines force the staffs to behave

accordingly to existing rules. Disloyal or deviation behaviors of the staffs disturbed the organization process. So working disciplines have to be implemented in the organization. Working disciplines can not be implemented easily in an organization as there are lots of individuals having relatively different needs and motivations. These differentiation would affect each individual to behave according to their situation; so that level of disciplines are differ among the staffs.

Working disciplines is a must in any organization or company. Working disciplines will limit border some any interests or needs out of the organization goals. To accommodate these deviances, the organizations need to control. Control is referring to obligation and responsibility of the staffs to organization, and vise-versa. To implement disciplines it needs, good communication; the standard used should be clear and accurate and to be communicated in positive manners. Standard services to assure health service quality in health centers should be develop and implemented by any health center.

Accordingly Cholis Bachroen, 2002, performances is a function of practices/expertises and effective time work usage. Performance is representing by notation of: performance = f (expertise, effective time work usage). In implementation of performance assessment, it is not considered on possibility of practice/expertise variations in a profession; so the concern is only on usage of working time. Therefore, it is assumed that any profession has its own standard. ability The standard ability refers to whom having similar profession would regarded as having the same expertise, so the level of expertise would be the same or has no variation. Based on the later explanation then the performance is equal on the usage of effective working time.

Variables of organization working culture were analyzed towards variables on health staff performances, as ' tasks and function. The main function of health centers staffs are composed in the six basic health standards and one developmental program. To achieve the health center vision that is to achieve a healthy sub district towards healthy Indonesia, the health centers oblige to deliver persuate as well as public health efforts, so called primary health services.[1]

a. Obligatory health effort
   The obligatory health efforts in health centers are a national, regional and global commitment, that have potentiality to improve community health status.
b. Developmental health effort
   The developmental health effort in health centers are the efforts that formulated based on local specific health problems adjusted to capabilities of the health centers.

RESULTS AND DISCUSSION

Results aims to answer specific objectives of the study shown in the tables below

The Respondent Characteristics

Working experience among the respondents for more than 10 years in the same health centers having the Islamic dorms was 82.6% and without Islamic dorms was 95.2%. Most of the staffs were high school education. Furthermore staff with, under graduated education seemed higher in the health centers having islamic dorms, 34.8% in compare vision to 7.1% in health centers without dorms.

Most of health centers (91.6%) with the Islamic dorms own and understood vision of their health centers which described into missions for five years period in advance. Meanwhile health centers without dorms, only 50% of the staffs knew their health center visions and missions.

The Working Culture of Health Workers

The average score for the maternal and child care/family planning program towards working culture was good. The were the same for both type of health centers. On the other hand, the score for the communicable diseases prevention was better for health centers without the Islamic dorms than to its counterpart.

Table 2 showed that the average working culture have highest score for the curative nutrition program in health centers with Islamic dorms (3.12) and health promotion programs (3.15) in health centers without dorms.

Table 3 showed that work performances among health workers with the highest effective time usage was 342 minutes per-day for the Maternal and Child Health/Family Planning program in the health centers having the Islamic dorms. Similar rank shown at the health centers without dorms with the highest time 333 minutes per-day. Nevertheless, there was no time difference between the two types of heath centers.

Table 1. The Respondent distribution based on tasks, responsibilities and average working culture

Tasks and Responsibilities	Average score of working Climate (with islamic dorms)			Average score of working Climate (without islamic dorms		
	Very good	good	fair	Very good	good	fair
1. Maternal & Child care/family planning program	3.02			3.02		
2. Curative services	3.12				3.00	
3. Communicable diseases control			2.49		2.99	
4. Nutrition program	3.03			3.06		
5. Health promotion/environmental health program		2.84		3.15		
6. Dental care		2.92			2.85	

Table 2. The average score of working culture based on tasks and responsibilities among the health centers staffs

No	Health centers	Average working climate by function					
		Maternal & childcare/ Fam.planning	Health Promotion	Comm. Diseases Control	Curative cara	Nutrition	Dental Care
1	Cukir	3.32	2.91	3.24	2.93	3.12	3.16
2	Perak	2.75	2.25	2.25	-	2.75	2.25
3	Pulorejo	3.2	3.08	2.95	3.12	2.91	3.0
4	Jatiwates	3.04	3.0	-	2.95	3.08	3.02
5	Sumobito	3.44	2.82	3.27	3.17	3.76	2.76
6	Peterongan	2.81	2.58	2.71	2.99	2.96	2.97
7	Mojoagung	2,88	3.10	2.9	3.23	2.96	3.07
8	Tembelang	2.75	2.94	2.87	2.83	3.45	3.12
Average		3.02	2.83	2.49	3.03	3.12	2.92
9	Tapen	3.12	3.08	2.95	3.12	2.91	3.0
10	Jelakombo	2.85	2.90	2.91	2.84	3.61	2.91
11	Jogoloyo	2.80	2.93	2.87	3.01	2.80	2.80
12	Mayangan	3.20	3.16	2.97	2.92	2.94	2.65
13	Mojowarno	3.05	3.13	3.08	3.13	2.91	2.86
14	Kabuh	3.35	3.4	3.36	3.04	3.28	2.99
15	Plandaan	2.77	3.46	2.84	2.95	2.97	2.77
Average		3.02	3.15	2.99	3.00	3.06	2.85

Health centers no 1–8 having Islamic dorms
Health centers no 9–15 without Islamic dorms

From table 4 can be seen that the working climate was significantly affect the health workers performance based on tasks and responsibility to achieve vision, mission, and goals of health centers ($p=0.41$, $\alpha = 0.05$).

A hypothetic model was developed according to the health centers characteristics (with and without Islamic dorms). Results and observations from interview analysed.

The assessment of length of time working showed, most of the health workers had working experience for more than 10 year, with the basic education of high school such as education for Midwives (Pendidikan Pembantu bidan / P2B), Dental Health Nursing of education (Sekolah Pendidikan Rawat Gigi /SPRG), Education of health nursing (Sekolah Pendidikan Perawat kesehatan /SPPK). Only 25–33% of respondents were undergraduate education. It seems there was no relation between education background and working culture. Taguiri and Letwin 1988 said that cultural concepts is not only related to the physical things, such as infrastructure completeness, education

Table 3. Health worker performances in Health Centers based on tasks and function

No	Health Centers	Health workers performance (in minutes per day)											
		Maternal & childcare/ Fam. planning		Health Promotion		Comm. Diseases Control		Curative cara		Nutrition		Dental Care	
		E	NE	E	NE	E	NE	E	NE	E	NE	E	NE
1	Cukir	390	30	405	15	360	60	375	45	295	125	330	90
2	Perak	310	110	355	65	240	180	300	120	-	-	295	125
3	Pulorejo	400	20	375	45	375	45	365	55	320	100	320	100
4	Jatiwates	300	120	270	150	-	-	335	85	305	115	310	110
5	Sumobito	335	85	315	105	360	60	340	80	315	105	345	75
6	Peterongan	330	90	245	175	220	200	330	90	200	220	220	200
7	Mojoagung	360	60	270	150	340	80	350	70	290	130	255	165
8	Tembelang	315	105	340	80	330	90	310	110	320	100	310	110
Average		342	78	322	98	318	102	338	82	292	128	305	115
9	Tapen	300	120	315	105	285	135	290	130	350	70	305	115
10	Jelakombo	335	85	300	120	275	145	220	200	330	90	280	140
11	Jogoloyo	185	235	305	115	290	130	300	120	245	175	310	110
12	Mayangan	360	60	330	90	325	95	310	110	240	180	315	105
13	Mojowarno	360	60	330	90	305	115	330	90	325	95	280	140
14	Kabuh	400	20	400	20	335	85	400	20	390	30	300	120
15	Plandaan	390	30	310	110	360	60	325	95	350	70	390	30
Average		333	87	327	93	310	110	310	110	318	102	312	108

Notes:
Health centers no 1–8 having Islamic dorms
Health centers no 9–15 without Islamic dorms
E : Effective
NE : Not Effective

Table 4. The effect working culture and effective time usage on some independent variables

No	Independent variables	Dependent variables	Significancy
1	Health centers with dorms	Working culture	0,335
2	Working time usage	Working culture	0,616
3	Infrastructure completeness	Working culture	0,074
4	Effective time usage	Working culture	0,041

background, tasks and responsibilities, but also related to psychological matters.

The infrastructure completeness and education are only support the successful of works. The causal effect of successful works was mainly the commitment towards goal points that need to be achieved by such organization as health centers through its vision, missions and goals. Commitment assessment can be seen from the performance achievement based on tasks, function and responsibilities. Unfortunately, this study showed that a personel has not only one, but more tasks and responsibility; for example, one is responsible for maternal and child care/family planning has also responsibility for immunization, school health care. This situation was accordingly Steers in Stot, M Richard, 1995, a pshycologist said that the addition of tasks and responsibility could improve motivation to achieve goals.

In general, health centers having Islamic dorms had vision towards Healthy Indonesia 2010 which then, describe into mission, such as to improve the quality of health services, to improve awareness of healthy behaviors, to improve the environmental health of the community, etc. As much as 91.6% of health centers with Islamic dorms had a clear vision, missions and goals, meanwhile the other one was only 50%. The existence of the clear vision, missions of an organization was very powerful on working process, as the staffs understand his direction to achieve the

goals. This was also stated by an expert of social learning (Sweeney D Paul, B dean, Farlin MC, 2002), that an organization with a clear goals setting would impress its members to perceive the working condition as a working culture, as a result of social interaction of the internal environment which influences individual behaviors to become responsibility oriented. This statement was similar to S Kim Cameron, QuinnE Robert, 1999, that organization culture as working environment that perceived by its members, either directly or indirectly, that assumed be influenced its members motivation and behaviors.

The average score of working culture of the health workers was good for the both type of health centers. Working culture in this study was analyzed based on the respondents' perception, such as disengagements, trust, hindrances, intimacy, aloofness, esprit, production and consideration. This study significantly showed that the better the working culture of the health centers, the better the performance achievements. The effective time usage observation among the four health centers showed that the shorter the access of the health centers to the district health office, the more effective the time used in working or high efficiency. It seems that the health centers of Tembelang and Jelakombo had the best working climate: good in inter-personal relationship, between the head of the health centers and functional staffs, and had a commitment to achieve goals. A good working climate could support organization's/staff behavior as expected by the head of health centers. Every organization has its own goals. To achieve the goals, abilities and motivations of the members to construct and works with commitments are needed. However, it is not easy to bring all of the members to adhere the commitments developed. Some factors influence these situations are working culture and environment as well as rules and regulations to support the ideal working system. When this situation happen, the possibility of interpersonal relationship tend to developed and thus the ideal working culture would be explicit (Sweeney D Paul, B dean, Farlin MC, 2002). This ideal interpersonal relationship would not merely exist in the organization itself, but it would imply into the health centers clients. The explorative results to the head of health centers showed that the interactive participation of community in health centers structures was very good. It had been aproved by the experience during a typhoon disaster, the roof of the health centers felt down, and voicelessly the communities do renovation for "their" health centers. In addition, interpersonal relationship also exists if we take a look at the queuing patients from the two health center' lockets. Education background and economic considerations of communities were two things that may affluence the health centers' access of the clients comparing to the two health centers: Peterongan and Jogoloyo which take place farther than the counterparts.

Results showed that to improve the health centers achievements, especially health centers is the frontline of the health services, good organization would adopted cultural based ideal working culture. Good working culture should be developed and be sustained such as self-belonging, responsibility, rewards and harmonization would be an important component amongst the members, as well clients as users. That public and community health status supposed to be increase (S Kim Cameron, QuinnE Robert, 1999).

The average score of working culture had no difference between the have Islamic dorms health centers and did no have. There was no significant relationship between these two types of health centers and working culture. This was probably one of some weaknesses of the studies related to time, money and manpower constraints.

CONCLUSION AND RECOMMENDATION

In general, almost all of health centers under study have staffs with adjusted educational background to the health centers similar responsibilities and function as well as fairly working burden and also medical and non medical infrastructure.

Not all of the staff members understood vision, missions and goals at health centers. Only 50% of the health centers members without Islamic dorm understood of the health centers vision and missions. In conversely, the number seems higher (91.6%) in the counterparts health centers (with Islamic dorms).

Working culture significantly influence staffs' working performances. Heads of the health centers who were able to develop a good working culture that was good inter-relationship among the members as well as community, to achieve better to ideal performances.

Further studies are needed to develop based on an ideal model of health centers development community needs.

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EMERGENCY IN PUBLIC HEALTH: THE IMPACT OF EARTHQUAKE IN SUMATERA BARAT PROVINCE AN ANALYSIS FROM HEALTH SYSTEM PERSPECTIVE

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ABSTRACT

Natural disaster are part of the natural events that often occur in Indonesia. The impact of the disaster resulting in damage to public infrastucture, environment and loweer the status of public health. Natural disasters also damage the health system in areas affected by disaster. Earthquake in west Sumatra province have an impact on the health status of the community and existing health system. This analysis focused on the state of public health needs and health resources that are part of the health system to provide health services to those who suffered casualties

Key words: *Impact of earthquake, health systems, health status and health needs of IDPs*

ABSTRAK

Bencana alam merupakan bagian dari kejadian alam yang sering di Indonesia. Dampak dari bencana tersebut berakibat pada kerusakan publik infrastrur, lingkungan dan menurunkan status kesehatan masyarakat. Bencana alam juga merusak sistem kesehatan di daerah yang terkena bencana. Gempa di Provinsi Sumatera Barat berdampak pada status kesehatan dari masyarakat dan sistem kesehatan yang ada. Analisis ini terfokus pada keadaan kebutuhan kesehatan masyarakat dan sumber daya kesehatan yang merupakan bagian dari sistem kesehatan untuk memberikan pelayanan kesehatan kepada yang mengalami korban.

Key words*: bencana alam, sistem kesehatan, status kesehatan, kebutuhan kesehatan untuk IDPs*

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INTRODUCTION

Natural disasters are not only more common in Indonesia but also have greater devastating impact to the population' health status, environment including health systems. Natural disasters in developing countries usually affect a comparatively large number of people.

The Sumatra earthquake struck at 5:16 pm on September 30, 2009 and most damage occurred in the city of Padang, the capital of West Sumatra Province in Indonesia. The impact of the Sumatra earthquake to the health status of the community was lavish. At that time, the death toll has not been finalized but it was believed to be approximately 1,117 people, 788 people suffered from major injuries and 2,727 people suffered from minor injuries (MoH RI, 2009).

Moreover, 135,299 buildings were totally damaged, 165,306 moderately damaged and 78,596 slightly damaged. 10 hospitals, 53 PKM (PKM), 137 Supporting PKM (Pustu), 15 Village Clinic (Polindes), 6 official buildings, 69 official houses and 2 pharmaceutical warehouses collapsed (MoH RI, 2009), including the clean water systems and sanitation. Overall, the impact were hampered the health services to the community.

The indirect impact of the earthquake in Sumatera Province was created internally displaced persons (IDPs), which is of course attached with their health problems. The IDPs are susceptible to the diseases particularly communicable diseases such as acute respiratory infection, malaria and measles including diarrhoea. The situation was also burdened the people

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